PART B - FEE(S) TRANSMITTAL								
PE	MAY 2 3 2005	his form, together wi	pplicable f	ee(s), to: <u>Mail</u> or <u>Fax</u>	Mail Stop ISSU Commissioner for P.O. Box 1450 Alexandria, Virg (703) 746-4000			
INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed wh appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.								
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. 054		ndberg, Wocssner & Feckman 55402	Cluth, P.A.		Cer I hereby certify that the States Postal Service vaddressed to the Mai	rtificate of Mailing or Trans nis Fee(s) Transmittal is bein with sufficient postage for fu I Stop ISSUE FEE address TO (703) 746-4000, on the	g deposited with the Un est class mail in an envel a above, or being facsim	
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05	1 FC:1501 1400.00 BP 2 FC:1504 300.00 DP			20 May 2005		>5	(D	
03	FC:8001 APPLICATION NO.	9.00 OP FILING DATE		FIRST NAMED INVE		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
_	10/623,794	07/21/2003	L	Leonard Forbe		1303.108US1	6101	
TITLE OF INVENTION: GETTERING USING VOIDS FORMED BY SURFACE TRANSFORMATION								
<u>-</u>	APPLN. TYPE	SMALL ENTITY	ISSUE F.		UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	inprovisional NO \$1)	\$300	\$1700	05/24/2005	
	, EXAM	. EXAMINER ART		NIT CLASS-SUBCLASS]		
	ESTRADA, MICHELLE 283				438-143000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Schwegman, Lundberg Woessner & Kluth, P./				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGN	EE	(B	B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Micron Technology Inc. Boise, Idaho								
Ple	ase check the appropriate	e assignee category or catego	ries (will not be pr	inted on the patent):	☐ Individual ☐ C	orporation or other private gr	oup entity Governm	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.								
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